

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91905 035 \*\*\*150.00

**DOCUMENT # P00000083053**

1. Entity Name  
**NATIONAL MEDIA BUYERS, INC.**



Principal Place of Business  
**225 N FEDERAL HIGHWAY  
SUITE 600  
POMPANO BEACH FL 33062**

Mailing Address  
**225 N FEDERAL HIGHWAY  
SUITE 600  
POMPANO BEACH FL 33062**



2. Principal Place of Business  
**240 Commercial Blvd.**

3. Mailing Address  
**240 Commercial Blvd**

Suite, Apt. #, etc.  
**SUITE 2B**

Suite, Apt. #, etc.  
**SUITE 2B**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAUDERDALE-BY-the-Sea, FL**

City & State  
**LAUDERDALE-BY-the-Sea, FL**

4. FEI Number **65-1036133**

Applied For  
Not Applicable

Zip  
**33308**

Country  
**USA**

Zip  
**33308**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HOFFECER, CHARLES P.  
225 N FEDERAL HIGHWAY  
SUITE 600  
POMPANO BEACH FL 33062**

Name  
**Charles P. Hoffecker**  
Street Address (P.O. Box Number is Not Acceptable)  
**240 Commercial Blvd.  
SUITE 2B**  
City  
**LAUDERDALE-BY-the-Sea, FL** Zip Code  
**33308**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOFFECER, CHARLES P 225 N FEDERAL HIGHWAY STE 600 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Signature of Charles P. Hoffecker **4/30/03** **954-771-8581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0184721 AV

CR2E034 (10/02)